Approved For Release 2003/08/13: CIA-RDP86-00964R0000100120049-1

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Mr. Andrew E. Ruddock, Director Bureau of Retirement and Insurance United States Civil Service Commission Washington 25, D. C.

Dear Mr. Ruddock:

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Attached hereto is a brief summary description of the two plans which GEHA, Inc. intends to present to its membership pursuant to the Federal Health Benefits Program and in conformance with the rules of the Civil Service Commission pertaining to that Program.

These are fairly firm, but still tentative, proposals and will of course be subject to the final contract agreed to by GEHA, Inc. with the Mutual Benefit Health and Accident Association, Omaha, Nebraska.

If you have any questions or suggestions, please let me know so that appropriate adjustments may be arranged for and considered.

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	Sincerely,	
	President	
Attachment		
Distribution: O&1-Addressee 1-Mr. 1-D/Pers 1-IB 2-BSD		
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PROPOSED FAMILY PLAN COVERAGES AND RATES (MONTHLY)

	1220			
	PLAN A -	FAMILY	PLAN B -	FAMILY
BENEFITS				
Room & Board	Up to \$13.50 per day - up to 90 days		Up to \$20.00 per day up to 90 days	
Surgical	Up to \$250.00 paid in accordance with Master Schedule		Up to \$500.00 in accordance with new Relative Value Schedule	
				ormal maternity to \$16.00 -
Hosp. Extras	Up to \$202.50 plus 80% of covered extras up to \$5,000.00		Up to \$202.50 plus 80% of covered extras up to \$5,000.00	
MAJOR MEDICAL			maximum \$10,000.00 \$1,000.00	coverage of ter coverage up to for lifetime, per year restora- kimum benefit
BASIC PREMIUM	Single	Family	Single	Family
Bi-weekly	#3,2 5711 - 1			\$14.01.
Employee	\$.74	\$2.03	\$::. 81	\$3.35
Government	\$.74	\$2.0 3	\$. 81	\$3.12
Total	\$.74 \$1.48	\$2.03 \$4.06	\$1.62	\$6.47
Female for self an		uding non-depend	ient husband;	Er"
Bi-weekly		1 17 1 #		E F
me - money				A. A

\$2.24

\$1.82 \$4.05

Employee

Government Total \$4.65

\$1.82 \$6.47